



THE UNIVERSITY OF
MELBOURNE

Caring Dads:

Three Site Evaluation 2017-2019

Interim Report – The establishment phase

December 2017

Research Team:

Professor Cathy Humphreys

Dr Kristin Diemer

David Gallant

Larissa Fogden

Mary Karambilas

Liz Vercoe

Department of Social Work
The University of Melbourne

Table of Contents

Background	5
Evaluation aims	5
Methodology	6
Findings to date	6
Identified challenges	7
2.1 Caring Dads.....	9
2.2 The implementation of Caring Dads within Victoria	9
2.3 The University of Melbourne evaluation project.....	11
3.1 Research aims	13
3.2 Key research questions.....	14
3.3 Research design	14
3.4 Participants	14
3.5 Data collection	15
4.1 Overview of 2017 project milestones.....	16
4.2 Key project milestones	17
5.1 2017 Program completion and exits	19
5.2 2017 Program evaluation data collection.....	20
5.3 Profile of participants.....	21
5.4 Contact with children and children’s mother	22
5.5 Engagement with other services	22
5.6 Referral pathways	23
6.1 Referrals into the Caring Dads program	24
6.2 Retention of participants.....	25
6.3 Ongoing support for facilitators.....	26
6.4 Site-specific issues.....	26
Reference List	29

List of Figures

Figure 1. The University of Melbourne Evaluation Team	11
Figure 2. The use of process and impact evaluation	13
Figure 3. Overview of the data collection process for men.....	15
Figure 4. Overview of the data collection process for (ex)partners	15
Figure 5. Overview of the data collection process for program facilitators, coordinators and managers of the Caring Dads programs	15
Figure 6. 2017 program completion and exits across all sites.....	19
Figure 7. Cultural heritage of 2017 men participants	22
Figure 8. Referral pathways into the Caring Dads program	23

List of Tables

Table 1. 2017 data collection – Fathers	20
Table 2. 2017 data collection – Children’s mothers.....	21

Acknowledgements

The Caring Dads Evaluation Interim Report has been prepared by members of the research team at the University of Melbourne.

The research team would like to thank the evaluation's partner organisations CPS, ReGen, Anglicare and IPC, for their participation in many meetings and consultations.

The research team extends their gratitude to the representatives from DHHS, Anglicare, CPS, Family Safety Victoria and Gandel Philanthropy who form the Evaluation Advisory Group, for their advice, participation in meetings and supporting discussion of evaluation data.

Finally, a special thank you to the program facilitators and participants who have given their time to be involved in this evaluation.

1 Executive Summary

Background

Caring Dads is a 17-week early intervention program for fathers who have physically abused, emotionally abused or neglected their children, or exposed their children to family violence. This program was developed in Canada in 2001 by the University of Toronto and Canadian agency Changing Ways. The program has been delivered in the UK, the USA and Europe. Caring Dads aims to engage fathers who have used violence, to help them develop skills in child-centred fathering and take responsibility for the impacts of their violence upon their children and their children's mother.

The Children's Protection Society (CPS) received funding from Gandel Philanthropy and the Department of Human Services to conduct a three-year research trial of the Caring Dads program in Victoria Australia. This research trial commenced in 2017 at three sites: two metropolitan Melbourne sites including North East Melbourne (a partnership between CPS and UnitingCare ReGen) and Western Melbourne (a partnership between Anglicare Victoria and IPC Health), and one rural site, Inner Gippsland (Anglicare Victoria). The evaluation trial is being conducted with support from the University of Toronto and Changing Ways.

In late 2016, The University of Melbourne was contracted to conduct an independent evaluation of the Caring Dads research trial. In December 2017, this project completes its first year, the establishment phase. The evaluation will continue through to January 2020.

Evaluation aims

The aim of the Caring Dads evaluation is to build an evidence base for the effectiveness of the Caring Dads program, both in the Victorian service delivery system and within the broader Australian context. This will be achieved by:

1. Measuring the outputs and outcomes associated with the Caring Dads program at three Victorian sites;
2. Identifying how the Caring Dads program fits within the Victorian service delivery system;
3. Exploring the adaptation needs of the Caring Dads program for an Australian audience.

Methodology

This project adopts a mixed-methods evaluation approach. Data collection involves an assessment questionnaire developed for Caring Dads by the University of Toronto and Changing Ways, semi-structured interviews and review of adaptations of the program for the Australian context.

Findings to date

It is too early in the evaluation program to offer findings related to the program or men's use of violence in the home. However, findings limited to descriptions of program establishment and the men participating in the program are useful for planning and illustrate some positive early results.

In summary, nearly one third of participants (30%) were living with their children at the time of completing the program and two-thirds (60%) were in a relationship with the children's mother, not always living together. Two-fifths (42%) of men had children to another woman, most whom they were not living with (90%).

Almost half of the participants (45%) had court orders in place determining how often they saw their children, most commonly Children's Court, Family Court or intervention orders including children.

One of the most critical challenges is that numbers of men referred into the program and commencing the program have been lower than expected in the first year of establishment. Programs have often run with 4-5 men in the group. However, the retention rate of *men who commence the program* is 70% and this is a reasonable result. Some of the reasons for low referrals are listed in the 'Identified Challenges' section below. In short, a low number of referrals appears to be primarily related to the issues surrounding the introduction of a new program with which referrers are still becoming familiar. This affects both the numbers referred to the program and appropriateness of the referrals.

The second finding is that referrals into the program are being generated from the sources most likely to be a) engaged with men who are seen to be a risk to their children (largely Child Protection at 36%); and b) internal to the organisation running Caring Dads which means they are more familiar with the program (21%). A further quarter of referrals (22%) overlap and men report either one of these organisations plus self-referral (finding the program themselves). There is great potential to build on these networks into the wider family service support system.

Third, the men attending the programs in 2017 were a diverse group and illustrate the capacity to meet a diverse range of needs. Two out of ten (20%) had been born overseas and more than one in ten was of Aboriginal descent. The combination of diversity does raise some issues for facilitators in managing cultural diversity, language proficiency and expectations. In small groups (as has been the case in 2017), this has been manageable. As the program group sizes increase facilitators may find they have less capacity to manage individual needs and some thought may need to be given to the combination of men in each group.

Fourth, the final interim finding is that a large proportion of men (66%) were engaged in some form of support other than the Caring Dads program, mostly in the form of a counselling support service. In addition, nearly one third (30 per cent) had attended a parenting program and two out of five (41%) had attended a program for men who use violence, either in the past or concurrent with the Caring Dads program.

Identified challenges

There have been two primary challenges identified in the evaluation at this early date. These include, as identified above, the low referrals and retention, as well as facilitator support and professional development.

From the perspective of program facilitators, co-ordinators, and managers, a combination of elements appear to contribute to low referrals, including referrer familiarity with a new program and identifying appropriate men to refer. The name of the program as 'Caring Dads' has been mentioned as a barrier by some referrers because it sounds like a support group for men. Another contributor to the low referral rate is likely to be a general lack of familiarity among service providers in referring men into programs. Overall there is a lack of programs that deal with both men's use of violence and their role as a father. The service sector is participating in a change of practice which may be slow to build momentum.

It is also the case that most family service generalist workers have not been trained to work with men in general, nor specifically men who use violence. Being able to talk with men about their use of violence is a specialist skill that most service providers will need to learn if they are working with the 'whole family' to reduce family violence and engaging men to make appropriate referrals.

This combination may also influence the appropriateness of referrals and impact on retention. Practitioners may not speak clearly about the program with their clients and this may result in some men feeling unprepared for what the program asks of them. The Caring Dads facilitators do try and prepare men for the program when undertaking initial

assessment, but there could be higher retention if more men came to assessment a little more prepared to face some of the issues around violence and fathering.

The Caring Dads program also expects men to participate in weekly homework via a workbook. Men with low literacy find this challenging and facilitators report that some seem to be leaving the program for this reason. Facilitators do try and accommodate low literacy, however this also will become more challenging as group numbers increase in 2018.

Interviews with referrers will commence in 2018 and will shed more light on referral practices.

The second significant issue identified is the on-going support and professional development for the facilitators. Processes are in place for on-going support and debriefing, including regular contact with the program originators in Canada. Not having an experienced Caring Dads facilitator in-house does impact on the speed in which facilitator issues and questions can be addressed. As facilitators become more proficient and experienced in delivering the course, the need for external professional support will decrease.

2 Background

2.1 Caring Dads

Caring Dads is an early intervention program for fathers who have physically abused, emotionally abused or neglected their children, or exposed their children to family violence.

The program consists of:

- a 17-week, empirically-based, manualised group parenting intervention for fathers,
- systematic outreach to mothers to ensure safety and freedom from coercion, and
- ongoing, collaborative case management of fathers with existing service providers and other professionals involved with men's families.

Caring Dads was developed in Canada by the University of Toronto and Canadian agency Changing Ways.

Caring Dads combines program elements to support parenting, fathering, a reduction in family violence, and child protection practice to enhance the safety and well-being of children. Program principles emphasise the need to enhance men's motivation, promote child-centred fathering, address men's ability to engage in respectful, non-abusive co-parenting with children's mothers, recognise that children's experience of trauma will impact children's development, and work collaboratively with other service providers to ensure that children benefit (and are not unintentionally harmed) because of their father's participation in the program.

The Caring Dads program has four major goals:

1. To develop sufficient trust and motivation to engage men in the process of examining their fathering;
2. To increase men's awareness and application of child-centred fathering;
3. To increase men's awareness of, and responsibility for, abusive and neglectful fathering and the impact of this on their children;
4. To rebuild trust with children and plan for the future.

2.2 The implementation of Caring Dads within Victoria

The Children's Protection Society (CPS) received funding from Gandel Philanthropy and the Department of Human Services to conduct a three-year research trial of the Caring Dads

program in Victoria, Australia. This program trial commenced in 2017 at three sites: two metropolitan Melbourne sites including North East Melbourne (a partnership between CPS and UnitingCare ReGen) and Western Melbourne (a partnership between Anglicare Victoria and IPC Health), and one rural site, Inner Gippsland (Anglicare Victoria). The trial is being conducted with support from the University of Toronto and Changing Ways.

This trial is significant, and represents a major investment by the Victorian government alongside a partnership between philanthropic organisations and state government, led by a community service organisation.

The three geographic areas were selected as trial sites due to the prevalence of family violence within these regions. CPS and UnitingCare ReGen provide clinical oversight and support to the Caring Dads sites in Western Melbourne, and Inner Gippsland, delivered by Anglicare Victoria.

In Victoria, there are few services for men who use violence that also specifically focus on strengthening relationships between fathers and their children. Existing men's behaviour change programs focus on the perpetrators' relationship with an intimate partner, who may be the mother of their child(ren). Fathering or parenting programs tend to focus on discipline or behaviour management of the child. Child protection programs focus on supporting mothers to change their home environment, with fathers generally side-lined or not engaged¹. As a result, existing programs do not specifically focus on addressing family violence in the context of fathering and do not offer pathways to improve violent fathers' capacity to care for their children ensuring their children are safe and well.

Because of this identified gap there is an urgent need to trial and evaluate new approaches that support early intervention in the trajectory of family violence perpetration (Scott, Kelly, Crooks, & Francis, 2014). Scott et al (2014) go further and recommend that new initiatives should enhance the existing service system and not add complexity or fragment services further. New approaches should be trialled and evaluated in real time with successful approaches scaled across the country. Such approaches are in keeping with Recommendations 26 and 87 of the Royal Commission into Family Violence, which stipulate respectively the development of referral pathways for men who use violence, as well as a

¹ At the time of writing this Interim report, child protection systems across Australia are currently working to improve their service to bring the perpetrator into view. Frameworks such as Safe and Together developed by David Mandel and other models that tilt practice towards the perpetrator are under development.

focus on understanding the effects of family violence on children (Royal Commission into Family Violence, 2016).

The University of Melbourne’s involvement in independently evaluating the Caring Dads program trial over three years will help to assess the ability of the program to be integrated into the current service system by evaluating the effectiveness of the Caring Dads program within one state of Australia. The evaluation will provide evidence to guide decisions about implementing the program nationally.

2.3 The University of Melbourne evaluation project

In 2016, CPS contracted the University of Melbourne to carry out an evaluation of the Caring Dads three-year trial. The three-site evaluation commenced in 2016, and will continue through to January 2020.

The evaluation project is overseen by Chief Investigator Professor Cathy Humphreys, Project Manager and Research Fellow Dr Kristin Diemer and Research Fellow David Gallant. Research assistants are employed casually in relation to demand and include Larissa Fogden, Mary Karambilas and Liz Vercoe.

Additional research team members who can be brought into the project for ad hoc support or consultation include Professor Kelsey Hegarty, Dr Gemma McKibbin and Anna Bornesmisza.

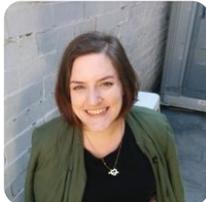
Figure 1. The Caring Dads Evaluation Project Team

	<p>Professor Cathy Humphreys Cathy is a Professor of Social Work at the University of Melbourne. She worked as a social work practitioner in the mental health, domestic violence, and children, youth and families sector for 16 years before becoming a social work academic. She held the Alfred Felton Chair of Child and Family Welfare and since 2015 co-directs the Melbourne Alliance to End Violence Against Women and Their Children (MAEVe) with Professor Kelsey Hegarty. She has been chief investigator on multi-million dollar programs of research in the areas of domestic and family violence and out of home care and collaborated with several partner universities and community sector organisations.</p>
	<p>Dr Kristin Diemer Kristin is a Senior Research Fellow with twenty years of experience designing, implementing and managing both large and small scale projects. Her applied social research skills are particularly aimed toward research design, methodology and analysis (mixed methods). Her focus has been around family and domestic violence with recent projects examining the content of programs designed for men who use violence against their (ex)partners and have children who may be exposed to that violence.</p>



David Gallant

David is a Research Fellow at the University of Melbourne. He has had extensive experience across numerous large scale research and evaluation undertakings. More recently, he has been involved in an Australian Research Council (ARC) funded research program investigating Indigenous men's group programs and how they are addressing issues of family violence. David is also completing his PhD, in this research undertaking he is investigating the use of sport and physical activity within the custodial environment.



Larissa Fogden

Larissa is a research assistant in the Department of Social Work at the University of Melbourne, with previous experience in program evaluation. Larissa is a qualified social worker and currently employed at safe steps Family Violence Response Centre, a specialist domestic and family violence crisis service. She also has clinical experience working with families within the mental health, integrated family service and education systems.

3 Methodology

3.1 Research aims

The aim of this evaluation is to build an evidence base for the effectiveness of the Caring Dads program, both in the Victorian service delivery system and within the broader Australian context.

The objectives of the Caring Dads evaluation project are to:

1. Measure the outputs and outcomes associated with the Caring Dads program at three Victorian sites;
2. Identify how the Caring Dads program fits within the Victorian service delivery system;
3. Explore how the Caring Dads program could be adapted for the Australian context.

This project is both a process evaluation and an impact evaluation. A **process evaluation** examines the way that program activities are implemented and whether this is as intended to achieve specific outputs. An **impact evaluation** assesses program effectiveness in achieving its ultimate goals.

Figure 2. The use of process and impact evaluation

Evaluation type	When to use	What it shows	Why it's useful
Process Evaluation / Program Monitoring	<ul style="list-style-type: none"> • As soon as program implementation begins. • During operation of an existing program. 	<ul style="list-style-type: none"> • How well the program is working. • The extent to which the program is being implemented as designed. • Whether the program is accessible an acceptable to its target population. 	<ul style="list-style-type: none"> • Provides an early warning for any problems that may occur. • Allows programs to monitor how well their program plans and activities are working.
Impact Evaluation	<ul style="list-style-type: none"> • During the operation of an existing program at appropriate intervals. • At the end of a program. 	The degree to which the program meets its ultimate goal (how much has program X increased / decreased Y among the study population).	Provides evidence for use in policy and funding decisions.

Source: Centres for Disease Control (CDC) National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: The practical Use of Program Evaluation. <http://www.cdc.gov/std/program/pupestd.htm>

Over the course of the trial, the process evaluation will examine the Caring Dads program operation, service delivery and its implementation across the three sites. This evaluation will focus on exploring ways of bringing a new program, designed in a different context, into a

developed service system. The impact evaluation will assess change among the men who participate in the program, and the way they perceive and interact with their children.

3.2 Key research questions

The key research questions are:

1. What are the perceived changes and/or benefits of participation in the Caring Dads program for men who have used violence against women and their children?
2. How effective is the Caring Dads program when operationalised in the Victorian service delivery system within the broader Australian context?

3.3 Research design

This project adopts a mixed methods evaluation approach in line with the work of Smith, Belton, Barnard, Fisher & Taylor (2015) and involves quasi-experimental and qualitative forms of data collection and analysis. Quasi-experimental forms of data collection have qualities like an experiment, but do not randomly assign participants to a program group and control group. In the case of the current evaluation we do not have a specified control group but are hoping to have an 'accidental' control group. The control group will consist of men who attend the assessment for a program but cannot complete the program during the specified dates. If they return to attend a later group, then the period between initial assessment and re-enrolment into another group becomes the control period.

Prior to data collection an Ethics application to conduct research was submitted to the Melbourne University Human Ethics Advisory Group (HEAG) The project received full ethical clearance in March 2017 (Ethics ID: 1748682.3)

Data collection is being conducted across all three Victorian sites at multiple time points across three years. Data collection began in March 2017.

3.4 Participants

Data has and will be collected from the following groups of participants:

- 1) Men who are participating in a Caring Dads program at one of three sites across Victoria, or those waiting to commence a program;
- 2) Women who are the mothers of the children whose fathers are participating in a Caring Dads program;

- 3) Workers who facilitate or coordinate the Caring Dads program, refer men into the program or support women (ex)partners;
- 4) Managers of the three Caring Dads programs; and
- 5) Client referrers into the Caring Dads programs.

3.5 Data collection

Figure 3. Overview of the data collection process for men.



For the men, data collection involves an assessment questionnaire form the Caring Dads resources designed to assess the impact of the program (Scott, Kelly, Crooks & Francis, 2013) at two time points: when they commence and when they complete the program. Men are also invited to participate in a semi-structured interview following completion of the program, and twelve months after completion of the program.

Figure 3. Overview of the data collection process for (ex)partners.



Children’s mothers are asked to complete an assessment from the Caring Dads resources (Scott, Kelly, Crooks, & Francis, 2013) and the Composite Abuse Scale (Hegarty, Bush & Sheahan, 2005) when the men commence the Caring Dads program. Mothers are also invited to complete the Composite Abuse Scale a second time and to participate in a semi-structured interview within 12 months after the men complete the program.

Figure 4. Overview of the data collection process for program facilitators, coordinators and managers of the Caring Dads programs.



Semi-structured interviews were conducted with the program facilitators, coordinators and managers of the Caring Dads programs before the first delivery of the program and will be conducted again 12 months after the first delivery at each site. Professionals who have referred men into the program will also be invited to participate in semi-structured interviews throughout the evaluation.

4 Project Milestones

Establishing the program and the evaluation included several key milestones. The table below includes both program and evaluation milestones.

4.1 Overview of 2017 project milestones

	2017											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Ethics												
Approval from Human Ethics Committee												
Program commencement												
First North East Metro CD program commenced												
First Western Metro CD program commenced												
First Inner Gippsland CD program commenced												
SurveyGizmo												
Development of Survey Gizmo pre- and post-test tools												
Trial of Survey Gizmo pre- and post-tools												
Research meetings												
Internal team meetings held fortnightly												
Research meetings held with Caring Dads Clinical Director every three weeks (transitioning to monthly meetings from 2018)												
Evaluation Advisory Group												
Evaluation Advisory Group established												
Evaluation Advisory Group meetings held												
First interviews conducted												
Interviews with program facilitators and managers commenced												
Interviews with men commenced												
Interviews with children's mothers commenced												
Program Logic Workshop												
Program Logic Workshop held for facilitators and coordinators												
Meeting with managers held to discuss work produced in Program Logic Workshop												
Reporting												
First interim report delivered												

4.2 Key project milestones

SurveyGizmo

The survey evaluation began with paper-based questionnaires. In February 2017, the research team began developing the Caring Dads pre- and post- surveys for iPads, using SurveyGizmo software platform. This is a unique approach in the context of this trial as none of the other Caring Dads programs around the world currently collect data with electronic survey tools.

There is a challenge to this form of data collection generally relying on an active internet connection at the time of survey completion. We have collaborated with the software developers to enable trial of a complex survey in an off-line mode.

After an initial trial at the North-East Melbourne site in August 2017, iPad pre- and post-surveys were rolled out at all three sites in December 2017. It is anticipated that for the remainder of the evaluation, participants will complete their pre- and post-surveys on an iPad instead of a paper survey. Using iPad surveys will streamline the process of future data collection, reduce data entry errors and reduce the administrative process for program facilitators, who have had to regularly post surveys to the evaluation team.

Evaluation Advisory Group

In June 2017, the Evaluation Advisory Group was established and comprises members of the University of Melbourne Evaluation Team and key representatives from DHHS, Anglicare, CPS, Family Safety Victoria and Gandel Philanthropy. Members of the Evaluation Advisory Group have specialist knowledge to contribute in the areas of domestic and family violence, children's rights, drug and alcohol services, child protection, men's behaviour change and evaluation methodologies.

The role of the Evaluation Advisory Group is to provide program information and expert advice on the evaluation, advise on implications of research findings, participate in peer review of the project and the final report, assist with linking the project to relevant sectoral policy and program directions, and to promote the Caring Dads research trial and its outcomes.

Meetings were held in June 2017 and November 2017.

Program Logic Workshop

Program logic is an important element in both program planning and evaluation. A program logic model displays the relationship between program activities and the intended outcomes of a program. In the context of the Caring Dads trial within Australia the aims of developing program logic are to:

- Establish an agreed program logic model for each of the three trial sites,
- Develop knowledge on how the Caring Dads program is being delivered in an Australian context, and
- Identify significant program moments that can assist in better tailoring the evaluation

An initial day long workshop was held on the 14th of November 2017 to establish the beginnings of the Caring Dads logic models. The day was hosted by the Melbourne University research team and was attended by the Caring Dads facilitators and program coordinators from each of the sites. During this workshop, coordinators and facilitators worked together to develop their own site-specific program logic statements.

After the workshop, the research team pulled together the data gathered to design and develop the three logic models. The work produced by the Caring Dads facilitators and coordinators during the Program Logic Workshop has been provided to the Caring Dads managers, so that each site can discuss and reflect upon the implementation of the Caring Dads program over the past year.

At present, the draft logic models have been sent back to each of the sites for further feedback and refinement. These will be finalised in the beginning of 2018.

It is envisaged that a second program logic workshop will held towards the end of the evaluation to capture the potential developments of the Caring Dads program over the life of the project.

5 Findings to date

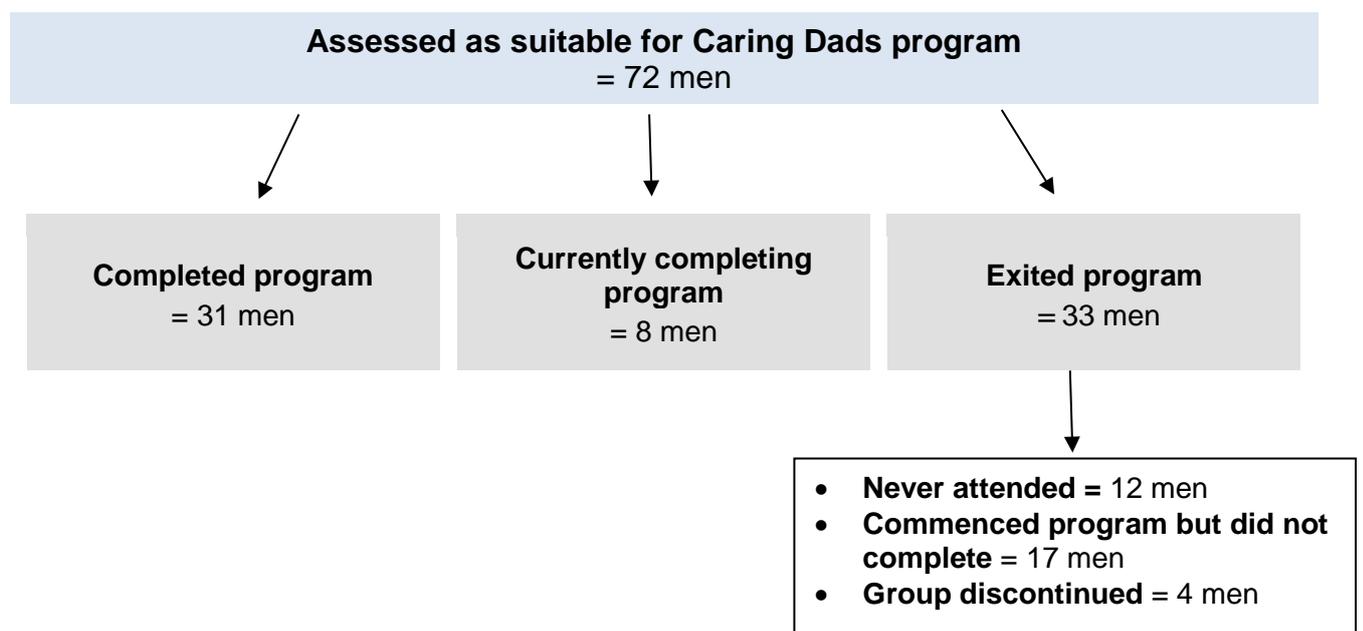
A summary of data collection at the time of report writing is presented below. Preliminary descriptive analysis has commenced including pre-program surveys as well as facilitator and program manager interviews. At the time of writing, one program was still running and post-program surveys not yet completed. In the first quarter of 2018 a full analysis of the year one evaluation data will be undertaken.

5.1 2017 Program completion and exits

Figure 6 illustrates the number of men who were assessed as suitable to commence a Caring Dads program and follow-through to completion. In 2017, 72 men were assessed by facilitators across the three sites as suitable for entry to the program. Of these eligible men, 60 commenced the program and twelve did not attend any sessions, and did not re-engage with facilitators. Twenty-one men exited the program without completing, four of them due to the cancellation of the program by the service provider. A program completion rate of 70% has been calculated based on the 39 men completing the program out of 56 who commenced and continued for the full 17 weeks. Including the full number of men who were referred into the program and assessed as eligible results in a completion rate of 57%.

There were various reasons for men exiting the program including: entering remand, losing contact with children, illness, change of work hours or missing too many sessions. Further analysis around why men have exited the program will continue in 2018 as additional data is collected.

Figure 6. 2017 program completion and exits across all sites



A completion rate of 70% for men who commence the program is reasonable for a program of this duration and requiring homework. However, the 57% completion rate based on all men assessed as eligible is more concerning. The main issue facilitators face is having an expectation that a certain number of men will attend the group but finding that around 45% do not engage. If men are well prepared about program expectations prior to assessment it might improve this rate and not result in some men missing out on a place when others do not attend.

5.2 2017 Program evaluation data collection

Fathers attending the program

Men who are assessed as eligible to attend the Caring Dads program were invited to participate in the evaluation. Participation in the evaluation was voluntary for all participants. Table 1 provides an overview of the number of men who completed the pre- and post-program surveys, as well as interviews, at the time of writing this report. When comparing pre-and post-survey numbers in Table 1 it is important to note that the one of the groups in Inner Gippsland discontinued after four weeks, due to low numbers. This group had four participants, all of whom completed pre-program surveys. Some of these men will commence programs in 2018. In addition, the final 2017 post-program data collection was still outstanding (Western Metro region).

None of the men who volunteered to participate in the pre-program survey, and who completed the program, refused to complete the post-program survey. However, some of the men who participated in the pre-program survey exited the program and therefore were not available for the post-program survey. The mapping of these men is currently being reconciled.

Table 1. 2017 data collection – Men.

	North-East Metro	Western Metro	Inner Gippsland	Total
Pre-program surveys completed	15	15	23	53
Post-program surveys completed	13	4	6	23
Post-program interviews completed	2	0	0	2

Mothers of the children

Mothers of children whose fathers have participated in a Caring Dads program are contacted by program facilitators to check if they need any services. If so, they are referred on to appropriate supports. While the facilitators will attempt to contact the mothers at several points during the program they do not case manage the mothers. The mothers are also invited to participate in the evaluation. They will be approached at any time after men have commenced the program. It is up to the program facilitator to judge the best time to invite a woman to complete pre-program measures depending on her circumstances. This means that at times facilitators may not be able to engage with mothers until their (ex)partner are well into the program. It is also the case that many of the mothers are no longer involved with the father of their children and may choose not to participate. It may also be the case that their experience of violence and abuse may mean that they choose not to be included in the evaluation. Invitation and involvement of the mothers in the evaluation is an on-going delicate negotiation process, but one of the most important pieces of information for the evaluation.

Table 2. 2017 data collection – Children’s mothers.

	North-East Metro	Western Metro	Inner Gippsland	Total
Pre-program survey and Composite Abuse Scale completed	4	7	9	20
Post-program interview and Composite Abuse Scale completed	1	0	1	2

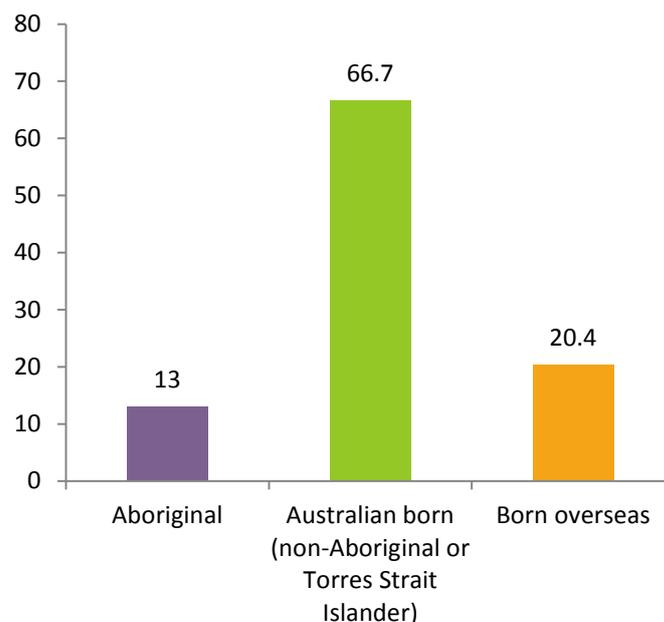
The responses of mothers who have chosen to participate in the evaluation will be matched to the men also participating in the evaluation. However, due to the voluntary nature of the evaluation, not all pairs will participate. Matching of mothers with fathers provides the opportunity to ‘triangulate’ the data and monitor men’s change from a different perspective.

5.3 Profile of participants

Data from the men’s pre-program surveys has been entered into the database. We have not yet entered data from the post-program surveys or the mother’s surveys due to delays in trialling the Survey Gizmo software. Results below provide a profile of the men who completed a pre-program survey for Caring Dads programs in 2017.

Men ranged in age from 20 – 53 years old. Over half of the participants (57%) were unemployed at the time of completing the program. Others indicated that they were employed either full-time or at least casually (39%), in a full-time parenting or caring role (6%), or studying (4%).

Figure 7. Cultural heritage of 2017 men participants.



The programs have attracted a broad range of men from culturally diverse communities. Of the men who completed pre-program surveys, one fifth (20%) were born overseas and more than one in ten (13%) identified as being Aboriginal and/ or Torres Strait Islanders.

5.4 Contact with children and children’s mother

Nearly one third of participants (30%) were living with their children at the time of completing the program and two-thirds (60%) were in a relationship with the children’s mother, not always living together. Two-fifths (42%) of men had children to another woman, most whom they were not living with (90%).

Almost half of the participants (45%) had court orders in place determining how often they saw their children, most commonly Children’s Court, Family Court or intervention orders including children.

5.5 Engagement with other services

Most men (70%) had never previously attended a parenting program. Nearly one quarter (23%) had attended in the past and 6% were currently attending a parenting program in addition to attending Caring Dads.

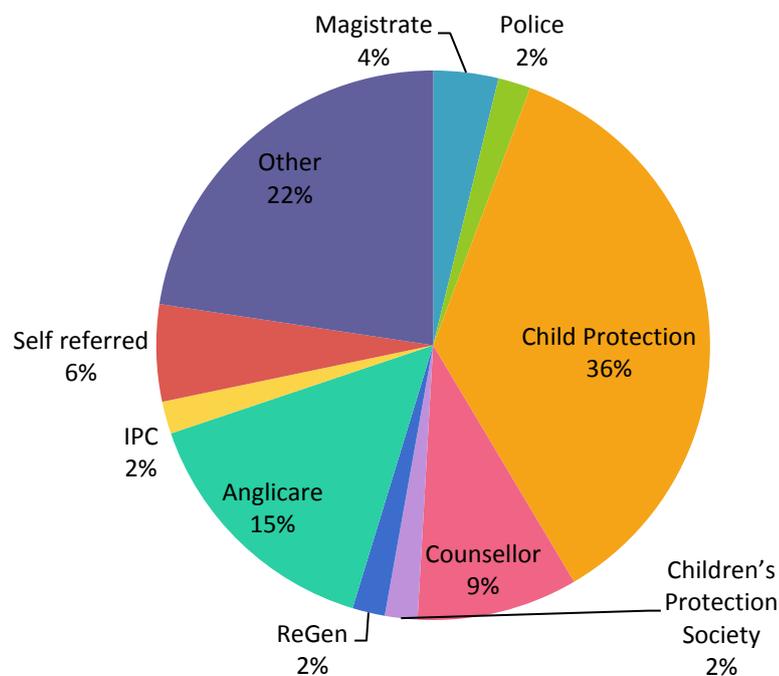
One third of men (34%) reported that they had attended a domestic or family violence program (e.g. Men's Behaviour Change Program) in the past, while 9% were attending at the same time as participating in Caring Dads.

Two-thirds of men (66%) indicated that they were currently engaged in counselling with another support service.

Further analysis will be undertaken in 2018 to explore the overlap of men's participation with different forms of support, but at a minimum, two thirds were engaging in the Caring Dads program and with at least one other support service.

5.6 Referral pathways

Figure 8. Referral pathways into the Caring Dads program.



Over a third of referrals into the Caring Dads program came from Child Protection (36%). A number of referrals also came as 'internal referrals' from within organisations involved in the research trial, a combined total of 21%.

Many of the participants who selected 'other' to indicate their referrer into the program did so because they had been referred by two different referral sources, e.g. 'Child Protection AND self-referral'. These responses will be clarified and recoded going forward into 2018.

6 Identified challenges

When setting up a new program within an established service system there will inevitably be hurdles to overcome. In the case of Caring Dads in the Victorian service system, while there are several challenges, there are two that stand out and underpin the others.

First, overall there is a lack of training for social workers and service providers in the family violence services system to work with men who perpetrate family violence or child abuse. Introducing the Caring Dads program results in a need to train and support staff while they are delivering the new program, while also learning new practitioner skills.

Second, having recently gone through a Royal Commission into Family Violence there are extensive resources being transferred into the Victorian service system at a rapid rate. While being both a long-overdue expansion of the system, the rapid rate of implementation may not always allow judicious planning and implementation. There is an expectation that the service system will be able to meet unmet demand at a rapid rate.

Some of the specific issues identified in this early stage of the evaluation are explored below.

6.1 Referrals into the Caring Dads program

As this is a new program, program facilitators and co-ordinators spend much of their time networking with service providers to both introduce the program and identify appropriate potential referrals. Because service providers are generally unfamiliar with referring men into programs this has resulted in a change of practice which is slow to build momentum.

It also means that workers are having to talk with men about their use of violence, a skill most service providers have not been trained in. Unless a worker has undertaken specific training in working with abusive men they may feel unable to speak with men on this topic.

Based on interviews with facilitators and program managers, the issues we have identified in relation to referral practices include:

- Some service providers see the Caring Dads program as a 'catch-all' and are referring any man they think needs some support without assessing whether the men are group ready.
- Some service providers are referring men into Caring Dads without having a conversation about the program and the men's use of violence. Subsequently the

men feel they have started a program they are unprepared for and may not have recognised their use of violence.

- The full program is called 'Caring Dads' with a tag-line 'Helping Fathers Value their Children'. However, the program is mostly referred to only as 'Caring Dads'. The shorter title has been criticised as seeming like a support group for men. This prevents some practitioners from referring men into the program and leaves some men disillusioned, also believing they are attending a support group.
- One of the safety elements built into the program is that a referrer is meant to case manage and monitor the man while he attends the Caring Dads program. However, referrers sometimes see the program as a replacement for their own monitoring and elect to close the file once a referral is made.

6.2 Retention of participants

Resulting from some of the issues related to appropriate referrals, quite a few men appear to be unprepared for the Caring Dads program. Some of these men may decide to continue, but a significant number also decide that this is not the program they originally signed-up for and will either never attend or drop-out early in the program.

Additional retention issues identified by the evaluation team and the program facilitators include:

- The length of the program (17 weeks) and inevitable clashes with other events or changes in their lives that some men will experience so that they are unable to continue.
- One of the conditions of participating in the program is that men have some contact with their children. Some men have lost contact with their children during the program and subsequently were forced to discontinue. For some men, this was because they were sentenced to jail time, for others it was a change to a court order.
- The program contains weekly homework that requires reading and writing. Literacy issues have left some men feeling exposed and have subsequently have dropped-out of the program. This will be an on-going issue for the programs.

6.3 Ongoing support for facilitators

Learning a new program while delivering it is a challenge. However, the model of adoption does raise some issue of additional support needs. Not only are most facilitators working with abusive men for the first time, they are engaging with service providers also who do not generally work with abusive men.

To address some of these issues, the senior Caring Dads program manager and two facilitators have trained with the originators of the program in Canada. They have now become trainers in Australia themselves. In addition, key Caring Dads trainers from Canada have visited Australia to offer master classes to all facilitators.

Ongoing support and debriefing is done within the team, including regular Skype calls with trainers in Canada. The facilitation team come together bi-monthly for on-going operational planning.

While these support processes are appropriate, there is a gap in having an experienced facilitator physically present to sit in on sessions and immediately debrief with facilitators.

In addition, there is the challenge of working with both the father and the mother simultaneously. Some facilitators have raised concerns about speaking with the mothers, hearing about behaviours of the fathers, and then having to co-facilitate the group with that man present. This is an issue shared with some men's behaviour change programs and a reason why separate facilitators often undertake the contact work with the women. This will be an issue for on-going supervision in the future. One site has resolved the issue by having the program co-ordinator perform the mother contact.

6.4 Site-specific issues

Each geographic site is grappling with different issues. In particular, the referral network will vary by region and while knowledge can be shared, it will need to be adapted. This is in part due to regionally specific service delivery and this is out of control of the programs.

In addition, the catchment for each location is a little different and some sites struggle with literacy issues more than others. Catchment is also an issue when men move outside of the geographic area and are no longer eligible for the program.

Conclusion

In the first phase of the evaluation it has been visibly evident that facilitators, co-ordinators and managers are strongly committed to the Caring Dads program, and to supporting positive change for children living with violent fathers. To this point of the project, the development and establishment of the Caring Dads program in the Australian context has been well supported with appropriate planning and funding. While there are several challenges to overcome, most of these are common to setting up new programs within an established service system. The ability to increase appropriate referrals into the programs will be a significant challenge that will need to be addressed moving forward. It is envisaged that appropriate referrals will increase as service providers become more aware and familiar with the Caring Dads program.

In 2018 the evaluation will include interviews with referrers which should provide greater insight into the referral issues. We will continue collecting pre and post program data, moving over to electronic collection processes, as well as longitudinal follow-up with both program participants and the mothers of the children affected by living with their fathers use of violence.

Reference List

Royal Commission into Family Violence. (2016). *Royal Commission into Family Violence: Summary and Recommendations. Parliamentary Papers, 132*. Melbourne: Victorian Government. Retrieved from <http://www.rcfv.com.au/Report-Recommendations>

Scott, K., Kelly, T., Crooks, C., & Francis, K. (2014). *Caring Dads: Helping fathers value their children*. Createspace Publishers.

Smith, E., Belton, E., Barnard, M., Fisher, H. L., and Taylor, J. (2015) Strengthening the Mother-Child Relationship Following Domestic Abuse: Service Evaluation. *Child Abuse Review, 24*, pp. 261–273.